Effective on 12/08/2004

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known

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FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27				Application Number 10/620,575				
				Filing Date First Named Inventor		July 17, 2003 Jang-Jin Yoo		
				Art Unit		2883		
				TOTAL AMOUNT OF PAYMENT (\$)910.00			Attorney Do	cket No.
METHOD OF PAYMENT	(check all that a	pply)						
☑Check ☐ Credi	it Card 🗌	Money Order	None	Other (please	identify):			
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge								
For the above-identifie	ed deposit acc	count, the Director	r is hereby aut	horized to: (che	ck all that app	oly)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
E Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16	٠,	,	·		,			
WARNING: Information on information and authorization			edit card inforr	nation should not	be included o	n this form. Provide	e credit card	
FEE CALCULATION	31 OH F 10-203			· i			· V*	
1. BASIC FILING, SEAR	CH. AND EXA	AMINATION FEES	S			***************************************		
FILING FEES SEARCH			FEES EXAMINATION FEES					
		Small Entity		Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	\$	
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		

2. EXCESS CLAIM F	EES					Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50						25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200					100	
Multiple dependent cla	aims				360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Deper	ndent Claims	
20 or HP =	x	<u>\$50</u>	=	<u>Fee (\$)</u>	Fee Paid	<u>(\$)</u>
HP = highest number of total claims paid for, if greater than 20						

250

500

Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) - 3 or HP = \$200

300

200

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

EVOCES OF AIM FEES

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$)

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof _ / 50 = - 100 =

150

100

Fee(\$) __ (round up to a whole number) x

Reissue

Provisional

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

600

300

0

Other: Request For Continued Examination (RCE) Petition For Time Extension

\$910.00

SUBMITTED	BY		
Signature	Valerie P. Hayes	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Valerie P. Hayes	53,005	Date December 21, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/30 (09-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Request For Continued Examination (RCE) **Transmittal**

Address to: MS RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/620,575			
Filing Date	July 17, 2003			
First Named Inventor	Jang-Jin Yoo			
Art Unit	2883			
Examiner Name	T. L. Rude			
Attorney Docket No.	8733.418.10			

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

amendments encl	uired under 37 CFR 1.114 Note: If the RC osed with the RCE will be entered in the order it wish to have any previously filed unentered an	n which they we	ere filed unle	ess applicant instructs otherwise. If			
a. X Previou may be	sly submitted. If a final Office action is out considered as a submission even if this be	standing, any ox is not chec	y amendme ked.	ents filed after the final Office action			
i. 🔀 Cor	i. X Consider the arguments in the Amendment After Final previously filed on November 23, 2004						
ii. Other							
b. Enclose		_					
i. Pre	i. Preliminary Amendment iii. Information Disclosure Statement (IDS)						
ii. Affic	ii. Affidavit(s)/Declaration(s) iv. Other						
2. Miscellaneous							
a. Suspen	 sion of action on the above-identified appli	cation is requ	ested und	der 37 CFR 1.103(c) for a			
period c	period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)						
b. Other							
3. Fees The RC	E fee under 37 CFR 1.17(e) is required by 3	7 CFR 1.114 w	when the RO	CE is filed.			
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to							
Deposit Account No.							
i. X RCE fee required under 37 CFR 1.17(e)							
ii. X Extension of time fee (37 CFR 1.136 and 1.17)							
iii. 🔲 Oth	er						
b. X Check in	n the amount of \$910.00	enclo	sed				
c. Payment by credit card (Form PTO-2038 enclosed)							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
Name (Print/Type)	Valerie P. Hayes	Registration No. (Attorney/Agent) 53,005					
Signature	Valerie P. Hays		Date [December 21, 2004			
	, I						